2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

		KEINSI	AIE										
DOCUMENT # 751604								File					
PARKER MEMORIAL BAPTIST CHURCH, INC.								\sim	06			77 3:3 ₀	
Principal Place of Business 4101 MOBILE AVENUE COCOA, FL 32926				Mailing Address 4101 MOBILE AVENUE COCOA, FL 32926			4	W.		-LA. (.)		$\tilde{\mathcal{L}}$	
2. Principal Place of Business				3. Mailing Address				United Car		2 K GS			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				11082006	REIN	NP \	CR2E	099 (11/05)	2006
City & State				City & State				4. FEI Numbe NOT AF	er PLIC/	ABLE		— — —	plied For t Applicable
Zíp		Country	Zij		untry	5. Certificate of Status Desired					\$8.75 Additional Fee Required		
		N		7. Name and	Addre	s of New	Registered	d Agent					
CHATMAN, MELVIN						Name							
981 NICKLAUS DRIVE ROCKLEDGE, FL 32955						Street Address (P.O. Box Number is Not Acceptable)							
											F	Zip Code	9
	gistered	l agent, or bo	th, in the	State of F	•	m familiar with,	and accept						
the obligat	tions of registe	ered agent.											
SIGNATURE		or printed name of registered ager	t and title if an	ricable (MAT)	E- Decista	red Agent signature	zam.ulenad	udan minatatingi			DATE		
	Signature, typeci	or printed name of registered ager	тагкі ше п ар	pacable. (NOTE	E: Registe	red Agent signature :	reduires.	when runstating)	, —		UATE		
		!! FEE IS \$236.25 007, Fee will be \$297	.50									ck payable to artment of St	
10. OFFICERS AND DIRECTORS					11.		AD	DITIONS/CH	IANGES	TO OFFIC	ERS AND (DIRECTORS IN	10
TITLE NAME	PD	TITL Naa			.4	ı—ı a—• ı	····		☐ Change	☐ Addition			
STREET ADDRESS	CHATMAN, MELVIN DDRESS 4101 MOBILE AVENUE							1171	7/16 7/16		3335 001	4 **245 3∭ दादां	nn l
CITY-ST-ZIP	COCOA, F	CIT	Y-ST-ZIP		111 4	11 00	W A W 4	0 01	ಗ ೯೯೬ ಗ ಲ	- CC			
TITLE	SD	☐ Delete	TITU							☐ Change	☐ Addition		
NAMÉ STREET ADDRESS	GRAHAM, 4101 MOE	BILE AVENUE			ME EET ADDRESS								
CITY-ST-ZIP	COCOA, F	EL		ÇIT	Y-ST-ZIP								
TITLE	NENDA E	TITL	- 1						☐ Change_	Addition			
NAME STREET ADDRESS	HENRY, E	ME EET ADDRESS											
CITY-ST-ZIP	COCOA, F	EL .			CIT	Y-ST-ZIP							J
TITLE	VD	EN ANTLIONIV		☐ Delete	TITL				-			Change	Addition
NAME STREET ADDRESS		EN, ANTHONY BILE AVENUE			NAM STR	ME EET ADDRESS)
CITY-ST-ZIP	COCOA, F				•	Y-ST-ZIP							i
TITLE	D			Delete	TITL							☐ Change	Addition
NAME STREET ADDRESS		N, ROBERT JR BILE AVENUE			NAM STR	ME EET ADDRESS							}
CITY-ST-ZIP	COCOA, F					Y-ST-ZIP							-
TITLE	FS	00011115 2:2		☐ Delete	TITL			-			-	Change	Addition
NAME STREET ADDRESS	HENRY, L	NAM STR	ME EET ADDRESS										
CITY-ST-ZIP	COCOA, F					Y-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNAT	SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #												